Fill in this information	to identify your case:	
Debtor 1	Calvin Beard	
Debtor 2 (Spouse, if filing)	Teresa R. Beard	
United States Bankru	ptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	′-10747	Check if this is:
(If known)		■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u> 106l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	F	☐ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	■ Not employed	■ Not employed
	employers.	Occupation		
	Include part-time, seasonal, or self-employed work.	Employer's name		
	Occupation may include student or homemaker, if it applies.	Employer's address		
		How long employed the	nere?	
Par	t 2: Give Details About Mor	othly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

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	otor 1 otor 2	Calvin Beard Teresa R. Beard	_		Case	e number (<i>if kn</i>	nown)	17-1	10747		
	Con	oy line 4 here	4.		Fo \$	or Debtor 1	0.00		r Debtor n-filing s		
	COL	y line 4 nere	٦.		Ψ_		.00	Ψ_		0.00	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$	0	.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b	o.	\$	0	.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	50	c.	\$_	0	.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	50	d.	\$	0	.00	\$		0.00	_
	5e.	Insurance		Э.	\$_	0	.00	\$_		0.00	_
	5f.	Domestic support obligations	5f	f.	\$_		0.00	\$_		0.00	_
	5g.	Union dues	50	-	\$_		0.00	\$_		0.00	_
	5h.	Other deductions. Specify:	5ł	h.+	\$_	0	0.00	+ \$_		0.00	_
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	C	0.00	\$_		0.00	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0	.00	\$_		0.00	_
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP Pension or retirement income Other monthly income. Specify: family assistance	86 86 86 86	o. c. d. e.	\$	0 0 0 919 357	0.00 0.00 0.00 0.00 0.00	\$\$ \$\$\$ \$\$\$ +		0.00 0.00 0.00 0.00 0.00 0.00	- - - -
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$_	4,526	6.00	\$_		0.0	0
10	Cal	culate monthly income. Add line 7 + line 9.	10	•		4 500 00	. •		0.00	= \$	4 500 00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	 \$ _		4,526.00	+ \$		0.00	= -	4,526.00
	State Inclusion of the Doir Spe	the all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not cify: If the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certa.	depo	labl	e to e co	pay expense	es lis	ted in	Schedule 11.	e <i>J.</i> +\$	0.00
	арр							., ••	12.	\$	4,526.00
										Combi	
13.		you expect an increase or decrease within the year after you file this form No.	?							month	ly income
		Yes. Explain:									

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:							
Deb	otor 1	Calvin Beard	d			Che	eck if this is:			
							An amend	ed filing		
	otor 2 ouse, if filing)	Teresa R. Be	eard						ving postpetition chapter the following date:	
Unit	ted States Bank	cruptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA		MM / DD /	YYYY		
	nown)	7-10747								
0	fficial Fo	orm 106J								
S	chedule	J: Your	Exper	nses					12/	/1:
Be	as complete ormation. If n	and accurate as	possible.	. If two married people ar ch another sheet to this						_
Par 1.	t 1: Desc Is this a joi	ribe Your House	hold							_
•	□ No. Go to									
	_	es Debtor 2 live	in a senar	ate household?						
	_ 105. D N		iii a sepai	ate nousenoia.						
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	btor 2.			
2.	Do you hav	e dependents?	□ No							
	-	Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation		Depend age	dent's	Does dependent live with you?	
	Do not state				0	_	_		□ No	
	dependents	names.			Granddaughte	er	8		■ Yes □ No	
					Grandson		10		■ Yes	
									□ No	
									☐ Yes	
									□ No	
2	Do your ox	nancas inaluda	_						☐ Yes	
3.	expenses of	penses include of people other t nd your depende	han $_{m \Box}$	No Yes						
				_						
Est	imate your e	a date after the	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp						-
the	•	:h assistance an		government assistance it cluded it on Schedule I: Y	•		Y	our expe	enses	
,51	1 01111 11	,								
4.		or home owners nd any rent for th		ses for your residence. In	nclude first mortgage	e 4.	\$		1,060.21	
	If not include	ded in line 4:								
	4a. Real	estate taxes				4a.	\$		0.00	
		erty, homeowner's	s, or renter	's insurance		4b.	·		0.00	
	•	•		ıpkeep expenses		4c.			25.00	
		eowner's associa				4d.	·		0.00	
5.	Additional	mortgage paym	ents for yo	our residence, such as ho	me equity loans	5.	\$		0.00	

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6 Willities: Sa. Electricity, heat, natural gas Sa. \$ \$ \$ \$ \$ \$ \$ \$ \$		otor 1 otor 2	Calvin Beard Teresa R. Beard	Case num	ber (if known)	17-10747
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, letteret, satellite, and cable services 6c. \$ 80.00 6d. Other, Specily. 6d. \$ 0.00 7. Food and housekeeping supplies 7. \$ 400.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 60.00 10. Personal care products and services 10. \$ 20.00 11. Medical and dental expenses 11. \$ 30.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. \$ 0.00 15d. Other insurance. Specily: 15c. Vehicle insurance. 15c. \$ 0.00 15d. Other insurance. Specily: 15c. Vehicle insurance. 15c. Specily: 17d. Care payments for Vehicle 1 17b. Care payments for Vehicle 1 17c. Cother. Specily: 17d. Cother	6.					
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6 d. Other: Specify: Food and housekeeping supplies Richidcare and children's education costs Richidcare and						-
Food and housekeeping supplies 7. \$ 400.00					·	
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. S. 80.00 10. Personal care products and services 10. \$ 20.00 11. Medical and dental expenses 11. \$ 30.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 50.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 158. Life insurance 159. \$ 0.00 159. Health insurance 150. \$ 164.27 150. Child insurance, 150. \$ 164.27 150. Child insurance, 150. \$ 160.00 151. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 179. Installment or lease payments: 179. Car payments for Vehicle 1 179. Car payments for Vehicle 1 179. Car payments for Vehicle 2 170. Chier. Specify: 170. Chier. Specify: 171. Other. Specify: 170. Other. Specify: 171. Other. Specify: 170. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 108). 170. Other payments you make to support others who do not live with you. 170. Other payments you make to support others who do not live with you. 170. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 170. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 171. Other. Specify: 171. Install ment or case and the property of the support on the subto do not live with you. 171. Other. Specify: 172. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 173. Other specify: 174. Other specify: 175. Other specify: 175. Other specify: 176. Specify: 177. Other specify: 178. Specify: 179. Other specify: 179. Specify: 179. Specify: 179					· -	0.00
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The result is your <i>monthly net income</i> . 23c. \$ 843.52		23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,682.48
24. Do you expect an increase or decrease in your expenses within the year after you file this form?		23c.		23c.	\$	843.52
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.	24.	For ex modifi	cample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage?			ease or decrease because of a
☐ Yes. Explain here:		□ Ye	es. Explain here:			